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PATENTS

DOCKET: 2000 P 07437 US 01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.:	09/497,279) <u>Certificate of Facsimile Transmission</u>
Applicant:	CARTER, George E. et al.) I hereby certify that this document is being
Filed:	February 2, 2000	 facsimile transmitted on the below listed date, consisting of the below listed number of pages, and to the below listed fax number.
DEFE	GROUND PROCESSING RMENT FOR COMPUTER PHONY	Date of Trans.: <u>August ₹ 2004</u> Fax Number: <u>703-872-9306</u> No. of Pages: <u>RCE (2) + Ext (1) = Total (3)</u>
Art Unit: Examiner	2157 NAJJAR, Saleh	By: Jeanette L. Taplin 5

MAIL STOP RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) UNDER 37 C.F.R. §1.114

Sir:

1. Applicant hereby requests continued examination, in accordance with 37 C.F.R. §1.114, for the above identified application.

TIME REQUEST IS BEING MADE

2.	This	This request is being submitted:						
	i.	[x]	Prior to abandonment of the application					
	, ii.	[]	With payment of the issue fee					
		[]	Prior to payment of issue fee					
		[]	Issue fee has been paid but a petition under §1.313 has been granted					
	iii.	[]	Prior to a decision on appeal to the Board of Patent Appeals & Interferences					
		[]	A notice is being separately sent to the Board of Patent Appeals & Interferences that this Request for Continued Examination is being filed.					

Serial No. 09/497,279

Attorney Docket: 2000P07437US01

ENCLOSURES

- 3. Enclosed herewith is/are:
 - A Petition for Extension of Time for two month(s).
 - [X] Please enter the Amendment filed May 3, 2004
 [] Please enter the enclosed Preliminary Amendment.
 - An Information Disclosure Statement (37 C.F.R. §1.98) with PTO-1449
 - and ___ references.
 - [] Other:

FEE FOR REQUEST (37 C.F.R. §1.17(e))

4. [x] Filing fee has been calculated as shown below after entering the Preliminary Amendment (other than small entity):

For	Claims Remain- ing After Amend.	Highest Number Previously Paid For		esent tra	x Rate	Additional Fees		
Total Claims	43	-43	=0		x \$ 18	s	0.00	
Indep. Claim			=0		x \$ 88	\$	0.00	
[]First [Presentation of a Mult	iple Dependent Claim		+ \$300)	\$	0.00	
		Basic Filing Fee					\$ 790.00	
			1	Total		1	90.00	

5. [x] Please charge Deposit Account No. <u>19-2179</u> in the amount of \$<u>790.00</u>. The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> pursuant to 37 C.F.R. §1.25. A duplicate copy of this sheet is enclosed.

D-4-

170000

Customer Number: 28524
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Intellectual Property Department
170 Wood Avenue South
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ATTENTION: Elsa Keller, IP Department

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Respectfully requested,

David D. Chung

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